702010019 **Rev. 2/98** 

## DEPARTMENT FOR THE BLIND AND VISION IMPAIRED Equipment Agreement/Receipt

		(Check the program)
Customer Name:		RT/IL Services
Address:	_	VR Services Other Loan: From to
Social Security No.:	_	
Telephone: ( ) -		
DESCRIPTION:		
VENDOR:		
SERIAL#: WARRANTY: (mo/yr)	COST:\$	DBVI TAG#:
(mo/yr)		
I acknowledge receipt of the above equipment and understand that this equipment will remain the property of DBVI as determined by the Commonwealth of Virginia Accounting System. I agree to exercise reasonable care in the use of this equipment. In the event this equipment is stolen or lost, I further agree to report the loss or burglary to the local authorities (Police/Sheriff) and to the Virginia Department for the Visually Handicapped. I agree to return this equipment to DBVI if: 1) I no longer use the equipment in connection with my training or employment; 2) the equipment is no longer of significant benefit to me in coping with my disability/disabilities; or 3) I become ineligible for services for any other reason.		
*For Computers: Additional hardware/software may be installed only with prior knowledge and approval of DBVI - the agency will not be responsible for repair, re-installation or otherwise maintaining the computer in the event unapproved modifications have been made.		
Customer's signature (or parent/guardian) / Date		

<u>INSTRUCTIONS</u>: The Equipment Agreement/Receipt form is completed and signed by the customer and DBVI staff when equipment, regardless of cost, is loaned to the customer and when equipment costing \$500 and more is purchased for the customer. If the equipment is transferred to another customer, a new DBVI-70-019 is to be completed. Enter the tag number only for items over \$500. The form does not need to be typed.

Regional Office - DBVI Staff Worker's Signature / Date

- 1 original to customer's case folder
- 1 copy given to the customer
- 1 copy to regional office record/FAAC coordinator